



# OAKVILLE SOCCER CLUB PLAYER EXCEPTION REQUEST FORM

Season: \_\_\_\_\_

Team Name: \_\_\_\_\_ Coach: \_\_\_\_\_

Gender: \_\_\_\_\_ Age Group: \_\_\_\_\_ League/Division: \_\_\_\_\_

Player Name	Number of Years with the Team	Under Age (Birth Date)	Non-Resident (Address)	Reason for Request (ex. Goalkeeper)

<p><b>Approved:</b></p> <p>Technical Director _____ Date: _____</p>
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